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Attorney Docket No. 0450-0031.30



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE Certification under 37 CFR §1.10 (if applicable)

EL 530 370 935 US Express Mail Label Number October 6, 2000

Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR \$1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Deborah Brockmeyer

(Print Name of Person Mailing Application)

nemittal of Utility Patent Application

Transmittal of Utility Patent Application for Filing Under 37 CFR §1.53(b)

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

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Transmitted herewith for filing is a utility patent application by inventors: Stephen H. Bartelmez and Patrick L. Iversen, and entitled:

ANTISENSE COMPOSITIONS AND CANCER-TREATMENT METHODS

Inclosed are:

- □ Certificate of Express Mail.
- $oxed{\boxtimes}$ One utility patent application containing text pages $1-\underline{31}$ and $oxed{\boxtimes}$ Sheets of drawings.
- □ Declaration of inventorship (unsigned)
- * Assignment(s) for recordation with transmittal sheet.
- Executed Power of Attorney by Assignee
- Sequence listing printout, diskette, and matching declaration.

2. U.S. Priority

- This application claims priority of U.S. Provisional Application No. 60/158,340 filed 10/7/99, which is incorporated in its entirety therein by reference.
- A petition for extension of time has been filed in the parent to extend the pendency of the parent to * (copy enclosed).



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3. Foreign Priority

- Priority of Application No. * filed in * on * is claimed under 35 USC \$119.
- A certified copy of this priority document is enclosed.

4. Fees

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	Small Entity			Other Than a Small Entity	
For:	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$355.00	or		\$710.00
Total Claims	20 - 20	0	x \$ 9 =	\$ 00.00	or	x \$ 18 =	\$
Independent Claims	3 - 3	0	x \$40 =	\$ 00.00	or	x \$ 80 =	\$
☐ Multiple Dependent Claim Presented			+ \$135 =	\$ 00.00	or	+ \$270 =	\$
• If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$355.00	or	TOTAL	ş

- ☐ A check for \$\frac{*}{2}\$ is enclosed to cover the Filing Fee.
- \square Please charge Deposit Account 04-0531 in the amount of $\* .
- The Commissioner is hereby authorized to charge fees under 37 CFR \$1.16 and \$1.17 which may be required, or credit any overpayment to Deposit Account 04-0531.
- Filing fee to be submitted in response to anticipated receipt of Notice to File Missing Parts of Application. DO NOT CHARGE DEPOSIT ACCOUNT.

Respectfully submitted,

Registration No. 42,702

Date: Oct. 6, 2000

Correspondence Address:

Customer No. 22918 (650) 324-0880